

**CLAIMS ONLY**

**Application Number**

**Filing Date**

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51	/				
2		/					52	/				
3							53					
4							54					
5							55					
6		/					56					
7			/				57					
8				/			58					
9					/		59					
10						/	60					
11							61					
12							62					
13							63					
14							64					
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18							68					
19							69					
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21							71					
22							72					
23							73					
24							74					
25	/						75					
26		/					76					
27			/				77					
28				/			78					
29					/		79					
30						/	80					
31							81					
32							82					
33							83					
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36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep							Total Indep					
Total Depend							Total Depend					
Total Claims							Total Claims					

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